UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	NM 03554
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir, Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME Breech C
1. oil gas 🔀 other	9. WELL NO.
2. NAME OF OPERATOR Caulkins Oil Company	248 E  10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P.O. Box 780 Farmington, New Mexico	lanco Mesa Verde Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA Section 13 26 North 6 West
AT SURFACE: 960' from North & 850' from West AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico
AT TOTAL DEPTH: Same  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15 ELEVATIONS (SHOW DF, KDB, AND W
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF	6615 GR
REQUEST FOR APPROVAL TO:  TEST WATER SHUT-OFF	(NOTE: Report results of multiple completion or zeros.) CAL N. M.
SHOOT OR ACIDIZE TO THE REPAIR WELL TO THE WELL TO THE REPAIR WELL TO THE REPAIR WELL TO THE WEIR WEIR WELL TO THE WEIR WELL TO THE WEIR WEIR WEIR WEIR WEIR WEIR	(NOTE: Report results of multiple completion or z
PULL OR ALTER CASING	CAL SURVE change on Form 9-330.)
CHANGE ZONES	ON. N
ABANDON* (other) See below.	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	
including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner	directionally drilled, give subsurface locations a
measured and trac volucial aspins for an inclusion and assistance	
To conform with New Mexico Oil (	Conservation Division
infil numbering requirements.	
248 E change number to 248 M.	
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Subsurface Safety Valve: Manu. and Type	Set @
18. I hereby certify that the folegoing is true and correct  Superintende	ent 10-19-82
SIGNED CHARLES CONTINUE TITLE	DATE
(This space for Federal or State of	
APPROVED BY	DATE
OCT 2.2 1982 OPERATOR	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그

FABMINGTON: DISTRICT \*See Instructions on Reverse Side